MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013009

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAR 18 1963

Registration District No. 1003 Registrar's No. 3172

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St.Clair
c. CITY OR TOWN: Belleville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 714 E.Washington
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CAROLINE Middle Last BAUER

4. DATE OF DEATH: Month MARCH Day 16 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-20-1872
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Belleville,Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Hartmann
13b. MOTHER'S MAIDEN NAME: Catherine (Unknown)
14. NAME OF HUSBAND OR WIFE: Gustave L.Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or date)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gustave L.Bauer Address: 714 E.Washington Belleville,Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INTESTINAL OBSTRUCTION, ETIOLOGY UNKNOWN — INTERVAL BETWEEN ONSET AND DEATH: 4-5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 570.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/12/63 to 3/16/63 and last saw her him alive on 3/16/63
Death occurred at 12:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. V. Hamilton, M. D. M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 3/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-18-63
23c. NAME OF CEMETERY OR CREMATORY: Valhalla
23d. LOCATION (City, town, or county) (State): Belleville,Ill.

24. FUNERAL DIRECTOR ADDRESS: Albert B.Baldus Belleville,Ill.
25. DATE RECD. BY LOCAL REG.: MAR 18 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
1				
3				
4	1			
5	2			
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7	1			
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9				
10				
11				
12	52-0			
13				

8/20/63 I

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USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Virgil A. Bergman

Licensed Embalmer No. 3697

P. O. Address Lillie La

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.